

AMENDMENT TRANSMITTAL LETTER				Docket No. 0283-0205PUS1																			
Application No. 10/520,927-Conf. #4953		Filing Date August 22, 2005		Examiner L. B. Kiliman																			
Art Unit 1794																							
Applicant(s): Taro YOSHIDA et al.																							
Invention: ELECTROMAGNETIC WAVE SHIELDING MATERIAL AND PROCESS FOR PREPARING THE SAME																							
MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																							
Transmitted herewith is an amendment in the above-identified application.																							
The fee has been calculated and is transmitted as shown below.																							
CLAIMS AS AMENDED																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%; text-align: center;">Claims Remaining After Amendment</th> <th style="width: 15%; text-align: center;">Highest Number Previously Paid</th> <th style="width: 15%; text-align: center;">Number Extra Claims Present</th> <th style="width: 15%; text-align: center;">Rate</th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Total Claims</td> <td style="text-align: center;">19</td> <td style="text-align: center;">- 20 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 52.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td style="text-align: left;">Independent Claims</td> <td style="text-align: center;">2</td> <td style="text-align: center;">- 3 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 220.00</td> <td style="text-align: center;">0.00</td> </tr> </tbody> </table>							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	19	- 20 =	0	x 52.00	0.00	Independent Claims	2	- 3 =	0	x 220.00	0.00
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate																			
Total Claims	19	- 20 =	0	x 52.00	0.00																		
Independent Claims	2	- 3 =	0	x 220.00	0.00																		
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>																							
Other fee (please specify):																							
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00																							
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity																							
<input type="checkbox"/> No additional fee is required for this amendment.																							
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.																							
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.																							
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																							
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.																							
<input type="checkbox"/> Credit any overpayment.																							
<input type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																							
 Mark J. Muell Attorney Reg. No.: 36,623																							
Dated: <u>November 9, 2009</u>																							
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